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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |                                  |
|------------------------|----------------------------------|
| Attorney Docket No.    | P249-1/WLP                       |
| First Inventor         | Jose P. Pereira                  |
| Title                  | Content Based CAM Block Enabling |
| Express Mail Label No. | EU018167275US                    |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 34]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
5. Oath or Declaration [Total Pages 2]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
  - ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 CFR 3.73(b) Statement ☒ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other: \_\_\_\_\_

031356 U.S. PTO  
10/774168

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information:

Examiner: \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

Name

25670

PATENT TRADEMARK OFFICE

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

William L. Paradise III

Registration No. (Attorney/Agent)

38990

Signature

Date

02/06/2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



|                                                                                                                          |  |                          |                 |
|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-----------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i> |  | <b>Complete if Known</b> |                 |
|                                                                                                                          |  | Application Number       |                 |
|                                                                                                                          |  | Filing Date              | 2/6/2004        |
|                                                                                                                          |  | First Named Inventor     | Jose P. Pereira |
|                                                                                                                          |  | Examiner Name            |                 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                           |  | Art Unit                 |                 |
| <b>TOTAL AMOUNT OF PAYMENT</b>                                                                                           |  | Attorney Docket No.      | P249-1/WLP      |
| (\$ ) 1076                                                                                                               |  |                          |                 |

| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | <b>FEE CALCULATION</b> (continued)                         |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------|----------------------------|-----------------|----------|----------|------------|------------------------|-------|----------|----------|-----------------------------------|------|----------|----------|---------------------------------------|------------|----------|----------|----------------------------------------------------|--|----------|---------|------------------------------------------------------------|--|---------------------|--|--|-------------------|--|--|--|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | <b>3. ADDITIONAL FEES</b>                                  |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <input type="checkbox"/> Deposit Account:<br>Deposit Account Number<br>Deposit Account Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | <b>Large Entity    Small Entity</b>                        |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| The Director is authorized to: (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                            |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                                            |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                            |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                            |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                                            |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <b>1. BASIC FILING FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                            |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td>770</td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$ ) 770</b></td></tr></tbody></table>                                                                                                   |                            | Large Entity Fee Code (\$)                                 | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 1001 770 | 2001 385   | Utility filing fee     | 770   | 1002 340 | 2002 170 | Design filing fee                 |      | 1003 530 | 2003 265 | Plant filing fee                      |            | 1004 770 | 2004 385 | Reissue filing fee                                 |  | 1005 160 | 2005 80 | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |  |  | <b>(\$ ) 770</b>  |  |  |  |  |
| Large Entity Fee Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Small Entity Fee Code (\$) | Fee Description                                            | Fee Paid                   |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1001 770                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2001 385                   | Utility filing fee                                         | 770                        |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1002 340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2002 170                   | Design filing fee                                          |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1003 530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2003 265                   | Plant filing fee                                           |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1004 770                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2004 385                   | Reissue filing fee                                         |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1005 160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2005 80                    | Provisional filing fee                                     |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <b>SUBTOTAL (1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                            | <b>(\$ ) 770</b>           |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                            |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>30</td><td>-20** = 10</td><td>x 18</td><td>= 180</td></tr><tr><td>4</td><td>-3** = 1</td><td>x 86</td><td>= 86</td></tr><tr><td colspan="3"></td><td><b>266</b></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | Total Claims                                               | Extra Claims               | Fee from below  | Fee Paid | 30       | -20** = 10 | x 18                   | = 180 | 4        | -3** = 1 | x 86                              | = 86 |          |          |                                       | <b>266</b> |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Extra Claims               | Fee from below                                             | Fee Paid                   |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -20** = 10                 | x 18                                                       | = 180                      |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -3** = 1                   | x 86                                                       | = 86                       |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                            | <b>266</b>                 |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
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| Large Entity Fee Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Small Entity Fee Code (\$) | Fee Description                                            | Fee Paid                   |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1202 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2202 9                     | Claims in excess of 20                                     |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1201 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2201 43                    | Independent claims in excess of 3                          |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1203 290                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2203 145                   | Multiple dependent claim, if not paid                      |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1204 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2204 43                    | ** Reissue independent claims over original patent         |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| 1205 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2205 9                     | ** Reissue claims in excess of 20 and over original patent |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| <b>SUBTOTAL (2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                            | <b>(\$ ) 1036</b>          |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                            |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | <b>Other fee (specify)</b>                                 |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | <b>*Reduced by Basic Filing Fee Paid</b>                   |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | <b>SUBTOTAL (3)</b> (\$ ) 40                               |                            |                 |          |          |            |                        |       |          |          |                                   |      |          |          |                                       |            |          |          |                                                    |  |          |         |                                                            |  |                     |  |  |                   |  |  |  |  |

|                     |                                |                                   |              |
|---------------------|--------------------------------|-----------------------------------|--------------|
| <b>SUBMITTED BY</b> |                                | <b>(Complete if applicable)</b>   |              |
| Name (Print/Type)   | William L. Paradise III        | Registration No. (Attorney/Agent) | 38990        |
| Signature           | <i>William L. Paradise III</i> | Telephone                         | 415/291-9497 |
|                     |                                | Date                              | 2/6/2004     |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**NONPUBLICATION REQUEST  
UNDER  
35 U.S.C. 122(b)(2)(B)(i)**

First Named Inventor

Jose P. Pereira

Title

Content Based CAM Block Enabling

Atty Docket Number

P249-1/WLP

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the attached application not be published under 35 U.S.C. 122(b).

2/6/2004

Date



Signature

William L Paradiso III

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.